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ANNUAL REPORT
OF THE
STATE BOARD OF MEDICAL EXAMINERS
TO
FORREST H. ANDERSON, GOVERNOR
STATE OF MONTANA

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FOR THE
FISCAL YEAR ENDED
JUNE 30, 1970



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THE STATE OF MONTANA
Board of Medical Examiners
HELENA, MONTANA 59601

JOHN T. HURLY, M.D., BILLINGS
PRESIDENT

CHARLES P. BROOKE, M.D., MISSOULA
VICE PRESIDENT

JAMES R. THOMPSON, M.D., MILES CITY

D. S. MACKENZIE, JR., M.D., HAVRE

JOHN A. LAYNE, M.D., GREAT FALLS

JOHN C. SEIDENSTICKER, M.D., DILLON

WILLIAM F. CASHMORE, M.D., HELENA
EXECUTIVE SECRETARY

STATE CAPITOL

August 25, 1970

BOARD OF MEDICAL EXAMINERS

<u>OFFICER</u> <u>TERM OF OFFICE</u>	<u>HOME ADDRESS</u>
John T. Hurly, M.D. 1967 - September 1, 1973	1230 No. 30th Billings
Chas. P. Brooke, M.D. 1967 - September 1, 1974	307 University Missoula
James R. Thompson, M.D. 1963 - September 1, 1970	Medical-Dental Center Miles City
D. S. MacKenzie, Jr., M.D. 1965 - September 1, 1972	301 - 4th Ave. Havre
John A. Layne, M.D. 1969 - September 1, 1975	Great Falls Clinic Great Falls
John C. Seidensticker, M.D. 1969 - September 1, 1976	512 So. Arizona Dillon,
Wm. F. Cashmore, M.D. 1965 - September 1, 1971	10 N. Montana Helena

PRINCIPAL ADMINISTRATIVE OFFICERS

John T. Hurly, M.D., President
Chas. P. Brooke, M.D., Vice-Pres.
Wm. F. Cashmore, M.D., Exec. Secty.

Principal Office

1236 Helena Avenue, Helena

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EXECUTIVE SECRETARY

STATE CAPITOL


August 25, 1970

Forrest H. Anderson, Governor
State of Montana
State Capitol
Helena, Montana 59601

Dear Governor Anderson:

In accordance with the requirements of Sections 82-4001 and 82-4002; R.C.M., 1947, there is herewith transmitted to you the report of the Board of Medical Examiners for the fiscal year ending June 30, 1970.

Respectfully submitted,


WM. F. CASHMORE, M.D., EXECUTIVE
SECRETARY, BOARD OF MEDICAL EXAM-
INERS

WFC/em

Greetings

The Board of Medical Examiners operates under the authority of Statute No. 66-1010 to 1049, Chapter 338, Session Laws of 1969. In carrying out its functions, the Board follows as a guideline the purpose and intent of the legislature expressed as follows: "Section 2. PURPOSE OF MEDICAL PRACTICE ACT. It is hereby declared, as a matter of legislative policy in the state of Montana, that the practice of medicine within the state of Montana is a privilege granted by the legislative authority and is not a natural right of individuals and that it is deemed necessary, as a matter of such policy and in the interests of the health, happiness, safety and welfare of the people of Montana, to provide laws and provisions covering the granting of that privilege and its subsequent use, control and regulation to the end that the public shall be properly

Montana had 650 licensed physicians in 1965 actively engaged in the practice of medicine. Presently we have 685 licensed physicians actively engaged in the practice of medicine

July 69
June 70
(205) 69-70

families. We also have an ever increasing number of foreign medical graduates applying. In past years, 20 or 24 physicians were licensed at each semi-annual board meeting. At the last Board meeting held July 14, 1970, 42 physicians received licenses, the largest number ever licensed. Generally three physicians sit the examination. ⁽¹⁰⁾ Twelve sat the examination in July and each was a foreign medical graduate. There is considerable concern with the foreign medical graduate because of differences in medical training, ethnics, language and difficulty in fitting into the life of small Montana communities. Usually they remain in Montana only a short time.

Most of the physicians licensed are licensed by endorsement of the National Board examination or are admitted by reciprocity with sister states. About 80 per cent of the licensees have had specialty training and locate in the larger cities. The remaining 20 per cent are general practitioners and tend to choose the smaller communities for their practice. Some Montana communities are in dire need of medical coverage or additional medical coverage. In order to encourage physicians and facilitate their licensure in Montana, the Board issues temporary permits which enable them to begin practice without the delay of waiting to appear before the entire Board for interview. The additional work of preparing the permit and arranging a meeting with one member of the Board is justified for the physician is authorized to practice as soon as his application and credentials have been approved. A survey into the character and reputation of each applicant is conducted by the use of questionnaires and other correspondence. Character is as important as competence for medical practice.

In addition to licensing, the Board of Medical Examiners is also a disciplinary board. There is a marked increase in disciplinary matters. Investigations are conducted and a personal appearance before the entire Board is requested in cases where "unprofessional conduct" is under question. In 1969-70 three licenses were revoked without appeal and one was suspended for unprofessional conduct. In recent years, at each Board meeting one or more physicians have appeared for an informal discussion of their medical practice and conduct. At the present time, there is a court procedure pending for the practice of medicine without a license.

Most of the medical staff are foreign medical graduates, but, at the present time, all of them are either fully licensed or practice on a temporary permit.

The new Medical Practice Act which was enacted and approved in 1969 has been a great help in administering the functions of the Board. The Act was in preparation for three years and the Board feels it is one of the best in use by any of the states. The principles and ethics of the American Medical Association have been adopted as Board regulations.

The financial accounting is done by the state accounting department, and a detailed report is made each month. The financial condition is good as of July 1.

with specific case approval

by the attorney general. The arrangement has worked well and makes it possible to have legal advice without delay when emergencies arise.

The office staff is composed of an executive secretary who is presently also a member of the Board and is employed on a part-time basis, and an office secretary employed on a part-time basis. The work of the Board is rapidly increasing and a full-time executive secretary and office secretary will be needed in the foreseeable future. *recom*

The Board examines and licenses about six physical therapists each year. The Board also licenses podiatrists. In the past five years, only one podiatrist has requested licensure. *new*

The Osteopathic Study Commission will recommend that recent osteopathic graduates will be authorized to take the Montana medical examination for licensure as medical doctors. It is expected that a bill will be submitted to the next legislature.

At the present time, the financial picture is as follows:

EXPENDITURES

<u>Actual</u>	<u>Anticipated</u>
1968 - \$ 16,285	1971 - \$ 21,987 (will require budget amend. - \$3100)
1969 - 15,114	1972 - 22,600
1970 - 18,369	1973 - 22,200
1973 Biennium - \$44,800	
1971 Biennium - <u>40,356</u>	(Including budget amend.)
Increase - 4,444	

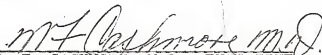
Percent Increase 1973 over 1971 Biennium - 11%

To help provide needed revenue, the re-registration fee for physicians was increased from \$10.00 to \$20.00 per annum. It is *ack.*

expected that this increase in income will meet the increased financial needs of the Board.

The work of the Board of Medical Examiners cannot be fitted entirely to its budget. Matters coming to the Board's attention must be dealt with immediately, and it is hoped that the cost will be within the appropriation. Neither the amount of work involved nor the cost can be accurately determined in advance. All Board decisions are appealable to the district or supreme court and such could be costly. It is important that there be an adequate reserve in the earmarked revenue account from which funds may be transferred by approval of the governor and the budget director.

Respectfully submitted,


WM. F. CASHMORE, M.D., EXECUTIVE
SECRETARY, BOARD OF MEDICAL EXAM-
INERS

